

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
 County Registrar No. _____
 Local Registrar No. 112

No. 102 Debat Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Maria Succor Ramirez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Mar. 15-1927
 Month Day Year

8. FATHER
 Full name Juan Ramirez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Jalisco, Mex.
 (State or country)

13. Occupation
 Nature of Industry Laborer

14. MOTHER
 Full maiden name Maria P. Ramirez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex
 17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Jalisco, Mex.
 (State or country)

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (b) Born alive but now dead 8 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5:30 P m. on the date above stated
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D. (Physician or midwife.)

Address Miami, Arizona

Given name added from a supplemental report.

Month, day, year

Filed Mar 28, 1927 C. E. King Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

1499-315-1499

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SEPARATE REPORT must be made for child at a birth, order of birth stated.

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